

AGING AND DISABILITY SERVICES ADMINISTRATION OMNIBUS BUDGET RECONCILIATION ACT (OBRA) NURSING ASSISTANT TRAINING PROGRAM PO BOX 45600 OLYMPIA WA 98504-5600

DEPARTMENT OF HEALTH NURSING CARE QUALITY ASSURANCE COMMISSION PO BOX 47864 OLYMPIA, WA 98504-7864



RENEWA	ASSISTANT TI .L (NATCEP)	INAIINIINO I	RUGR	KAWI	OATE OF APPLICA	TION
LEGAL NAME OF SPONSORING HEALTH CARE FACILITY, HOS		THER ENTITY		TELEPHONE NUM	MBER (INCLUDE A	REA CODE
MAILING ADDRESS	CITY	CO	UNTY	STATE	E ZIP C	ODE
STREET ADDRESS IF DIFFERENT FROM MAILING ADDRESS	CITY	STATE	ZIP CO	DE E-MAIL A	ADDRESS	
NAME OF FACILITY ADMINISTRATOR, VOCATIONAL DIRECTO	R, DEPARTMENT HEAL	OR CHIEF ADM	IINISTRATIV	'E OFFICER		
NAME OF PROGRAM DIRECTOR, NURSING ASSISTANT TRAIN	IING PROGRAM		CONTACT	TELEPHONE NUM	MBER (INCLUDE A	REA CODE
If facility was approved for Nursing Assistant Traini	ing previously, wha	at is our trainir	ng prograi	m approval nur	mber′	
IST ALL CURRENT INSTRUCTORS						
LIST ALL FACILITIES WHERE CLINICAL TRAINING IS CONDUC	CTED THROUGH YOUR	TRAINING PRO	GRAM:			
Have you reviewed your ariginal application and		od rongwol on	nligation	if applicable?	Yes	No
Have you reviewed your original application and a	-			, if applicable?		No
Have you reviewed your original application and a Are there changes in the overall curriculum plan of the second o	or major curriculum			, if applicable?		No 🗆
Are there changes in the overall curriculum plan	or major curriculum es)	n content char	nges?			No
Are there changes in the overall curriculum plan of the second of the se	or major curriculun es) ase complete an ap	n content char	nges? rogram d	irector)		No
Are there changes in the overall curriculum plan of lf yes, please explain. (Attach curriculum change Has the Program Director changed? (If yes, please)	or major curriculum es) ase complete an ap mplete an applicati	n content char plication for p	nges? rogram d ew instruc	irector) ctor)		No
Are there changes in the overall curriculum plan of If yes, please explain. (Attach curriculum change Has the Program Director changed? (If yes, please the Have the instructors changed? (If yes, please continued).	or major curriculum es) ase complete an ap mplete an applicati	n content char plication for p	nges? rogram d ew instruc	irector) ctor)		No

Please complete the Curriculum verification forms for both OBRA and State Requirements and submit with this form.

	APF	PLICA	ATION FOR NURSING ASSISTANT TRAINING PROGRAM RENEWAL, Page 2		
The following attachments are required for all programs. Attach the following to this application.					
		1.	Application for Nursing Assistant Training Program Director, DSHS 14-370.		
		2.	Instructional Staff Application(s), DSHS 14-369. This is not applicable if the Program Director is the sole instructor.		
		3.	The curriculum outline and schedule of class and clinical presentations. The applicant must provide evidence of content that will lead to the achievement of all required nursing assistant competencies listed in Washington Administrative Code (WAC) 246-841 and CRF 42 483-152.		
		4.	Copies of the affiliated agreement with facilities where clinical training is conducted. (Non facility based programs only)		
1			Name of signing party (print) representing Name of applying entity		
ŀ	nereb	y ac	knowledge my understanding that the renewal process for a nursing assistant training program		
ı	equir	es a	pproval by both the Department of Health and the Department of Social and Health Services, before		
			an be offered. I further understand that I must notify both agencies whenever significant changes for		
1	he tra	ainin	g program occur in personnel, classroom locations, etc.		
-	Signatu	ıre	Date		
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